

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 180
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
Township _____ or Village Rice
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Phillip Hunter

If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 6-15-30, 19____
5. Number, in order of birth. _____ Full term Yes (Month, day, year)

9. Full name FATHER
Eddie Hunter

18. Full maiden name MOTHER
Lola Gay

10. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

19. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

11. Color or race 4/4 12. Age at last birthday 38 (Years)
Apache Indian

20. Color or race 4/4 21. Age at last birthday 32 (Years)
Apache Indian

13. Birthplace (city or place) Bylas
(State or country) Ariz.

22. Birthplace (city or place) San Carlos
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 3 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ or weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:00A m. on the date above stated
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature], M.D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address [Address]

Filed 6/16, 1930 Registrar [Signature]

Registrar _____

Registrar _____

789-615-378